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PATENT

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Belden TITLE: CONNECTION SYSTEM FOR A MULTI-POLAR LEAD

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CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmission and envelope documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope of Patents. Washington, D.C. 20231, "EXPRESS No. EV 019

Beth L. McMahon Printed Name Signature

Commissioner for Patents

	TENT APP ton, D.C. 2	PLICATION 20231							
	Sir:	We are transmitting barouith the attached:							
X	Patent A	We are transmitting herewith the attached: Application Transmittal							
X	Specific	cation: Total pages: 18 (including claims and abstract: Spec. 13 sheets; Claims 4 sheets; Abstract 1							
X	Drawing								
	0 1-1	Total sheets:							
	Combined Declaration and Power of Attorney: □ unexecuted □ copy from prior application □ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) □ Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and hereby incorporated by reference therein.								
	Accomp	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard							
IF A CC	NTINUIN	G APPLICATION:							
		Continuation Divisional Continuation-in-part (CIP) of prior application No							
		Amend the specification by inserting before the first line the sentence: This application is a continuation filed							
		Cancel in this application original claims of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)							
		The prior application is assigned of record to Medtronic, Inc.							
	The Power of Attorney in the prior application is to:								

	This application claims the benefit of U.S.	, filed		
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987 Medtronic, Inc., MS 301 710 Medtronic Parkway Mailstop LC340 Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 505-2530		

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	20	20	=	0	x 18	0.0
Independent Claims	3	3	=	0	x 84	0.0
Multiple Dependent Claims	0		0		+ 280	0.0
Basic Filing Fee						\$740.00
		•			TOTAL	.00

Charge Deposit Account No. 13-2546 the amount of \$740.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Charge Deposit Account No

X
The Commissioner is hereby overpayment to Deposit Account No

Decomber 28, 200 (

Date

Beth L. McMahon, Reg. No. 41,987

MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432 Telephone: (763) 514-3066